

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002095

Entity Name: SPACE COAST ELITE LACROSSE, INC.**Current Principal Place of Business:**491 WINFIELD CIRCLE
ROCKLEDGE, FL 32955**Current Mailing Address:**491 WINFIELD CIRCLE
ROCKLEDGE, FL 32955 US**FEI Number: 81-1638795****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELTON, ROGER
491 WINFIELD CIRCLE
ROCKLEDGE, FL 32955 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WELTON, ROGER
Address 491 WYNFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name HOFFMAN, BRIAN
Address 491 WYNFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY
Name COLE, GREG
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER
Name MUNRO, LESLIE
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name WESSEL, STANLEY
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name LEE, GREG
Address 491 WYNFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name ROOKE, SCOTT
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name PAGLIARINI, MATTHEW
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGER L WELTON**PRESIDENT****03/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name TURNER, PATRICIA
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name VANGENECHTEN, DANIEL
Address 491 WINFIELD CIRCLE
City-State-Zip: ROCKLEDGE FL 32955